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CONFIRMATION NO. 7636

<b>SERIAL NUMBER</b> 08/844,731	<b>FILING OR 371(c) DATE</b> 04/21/1997 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> CLFR:114US	
<b>APPLICANTS</b> STALEY A. BROD, HOUSTON, TX;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/631,470 04/12/1996 ABN which is a CIP of 08/408,271 03/24/1995 ABN which is a CIP of 08/226,631 04/12/1994 ABN					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/06/1997					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> David L. Parker FULBRIGHT & JAWORSKI, L.L.P. Suite 2400 600 Congress Avenue Austin, TX 78701					
<b>TITLE</b> METHOD OF TREATING AUTO-IMMUNE DISEASES USING TYPE ONE INTERFERONS					
<b>FILING FEE RECEIVED</b> 425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		